DIRECT BILL – Newly Eligible Participant

On Employer Letterhead

To be used for newly eligible retirees and COBRA participants

BAs should follow directions in Yellow and then delete instructions.

DATE

Name

123 Street

City, State Zip

Dear Mr./Ms. XXXXXX,

**Important Notice – Health Insurance premium payment change**

Effective with the date of your recent enrollment change, Anthem will send your health insurance billing statements directly to you, and collect your (Select one: COBRA/Medicare Retiree/Early Retiree) health insurance premium payments.

**Your Monthly Payments**

Your (Select one: COBRA/Medicare Retiree/Early Retiree) monthly premiums are due on the first day of the coverage month. Your bill will be mailed on or around the tenth of the month prior to the coverage month to remind you of your premium responsibility. You have a grace period of 45 days before your coverage is cancelled for non-payment. As an example, your July premium is due July 1st. If Anthem does not receive payment by August 15th your coverage will be terminated for non-payment.

**If you are cancelled under the program, you will not be reinstated. It is very important that you pay your premiums timely so you do not lose your coverage.**

Rather than mailing your premium to Anthem, you may also sign up for automatic bank draft. With automatic bank draft, premiums are drafted from your checking account on the 5th of each month. Bank draft is an efficient way to ensure that your payments are made timely. A bank draft form is included with this letter if you are interested in this option. Please note that the first month’s premium must be paid by check to the address on the bill, after which the auto bank draft will be established.

If you have any questions around payment timeframes please contact customer service at 1-800-552-2682. If you have questions around your eligibility and/or enrollment choice, please contact your Group Benefits Administrator.

Sincerely,

Group Benefits Administrator

Enclosure: Bank Draft Authorization